

**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

Case 1:01-cv-00319-TSB

Document 151-2

Filed 09/30/2005

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**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

Sent To Brenda Hurdon

Street, Apt. No.;  
or PO Box No. 1812 Grand Ave

City, State, ZIP+4 Middletown, OH 45044

PS Form 3800, April 2002

See Reverse for Instructions